

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000889

STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 5327 Registrar's No. 3

FILED FEB 15 1962

AMENDED

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Length of stay in 1b 45 YRS	c. CITY OR TOWN KEYSVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KEYSVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1MI W. KEYSVILLE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle CLAY Last CLAY			4. DATE OF DEATH Month FEB. Day 6 Year 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY CRAWFORD CO. MO	9. AGE (last birthday) 65 IF UNDER 1 YEAR: Months 10 Days 10 Hours 10 Min. 10 IF UNDER 24 HR: Hours 10 Min. 10
11. BIRTHPLACE (City and state or country) CRAWFORD CO. MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES CLAY		13b. MOTHER'S MAIDEN NAME MARTHA CATES	
14. NAME OF HUSBAND OR WIFE ETHEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT ETHEL CLAY KEYSVILLE, MO Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Carcinoma of colon DUE TO (b) Carcinoma of colon DUE TO (c) unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:10 a.m. A.M. Month, Day, Year 7-5-57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KEYSVILLE MO COUNTY CRAWFORD STATE MO
21. I attended the deceased from 7-5-57 , to 2-6-62 and last saw him ^{free} live on 2-5-62 Death occurred at 12:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas. E. Cannon (Degree or title)		22b. ADDRESS Steeleville Mo.	22c. DATE SIGNED 2-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-8-1962	23c. NAME OF CEMETERY OR CREMATORY LIBERTY	23d. LOCATION (City, town, or county) (State) CRAWFORD CO. MO
24. FUNERAL DIRECTOR FRANK E. WOOD, STEELEVILLE, MO		25. DATE RECD. BY LOCAL REG. 2/8/62	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichner

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Steelville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.